



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

July 26, 2013

Administrator  
Good Samaritan Retirement Home  
507 S.E. 1st Avenue  
Williston, FL 32696

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 23, 2013 by representative(s) of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure

DT9D



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 07/26/2013  
FORM APPROVED

|                                                                                                        |                                                                                             |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910275</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>07/23/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Good Samaritan Retirement Hm</b>                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>507 S.E. 1st Avenue<br/>Williston, FL 32696</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                             |                                                     |

**Revisit Corrected Tags:**

0007-Admissions - Criteria-07/23/2013  
 0010-Admissions - Continued Residency-07/23/2013  
 0025-Resident Care - Supervision-07/23/2013  
 0029-Resident Care - Nursing Services-07/23/2013  
 0052-Medication - Assistance With Self-Admin-07/23/2013  
 0053-Medication - Administration-07/23/2013  
 0092-Food Service - General Responsibilities-07/23/2013  
 0165-Risk Mgmt & Qa; Adverse Incident Report-07/23/2013